

United States Bankruptcy Court Southern District of Texas Houston Division								Voluntary Petition																															
Name of Debtor (if individual, enter Last, First, Middle): Butler-Devrouax, M.D., Kymberly, Nicol				Name of Joint Debtor (Spouse) (Last, First, Middle):																																			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): Kymberly Nicol Butler				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																																			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN(if more than one, state all): xxx-xx-1523				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN(if more than one, state all):																																			
Street Address of Debtor (No. & Street, City, and State): 3330 Worthington Drive Pearland, TX				Street Address of Joint Debtor (No. & Street, City, and State):																																			
				ZIP CODE 77584-7706		ZIP CODE																																	
County of Residence or of the Principal Place of Business: Brazoria County				County of Residence or of the Principal Place of Business:																																			
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):																																			
				ZIP CODE		ZIP CODE																																	
Location of Principal Assets of Business Debtor (if different from street address above):																																							
Type of Debtor (Form of Organization) (Check one box.)				Nature of Business (Check one box)			Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)																																
<input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <hr/>				<input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other			<input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 Nature of Debts (Check one box)																																
							<input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.																																
Filing Fee (Check one box)					Chapter 11 Debtors																																		
<input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b) See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.					Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (<i>amount subject to adjustment on 4/01/13 and every three years thereafter</i>). Check all applicable boxes <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																																		
Statistical/Administrative Information																																							
<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.																																							
Estimated Number of Creditors <table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-</td> <td>50-</td> <td>100-</td> <td>200-</td> <td>1,000-</td> <td>5,001-</td> <td>10,001-</td> <td>25,001-</td> <td>50,001-</td> <td>Over</td> </tr> <tr> <td>49</td> <td>99</td> <td>199</td> <td>999</td> <td>5,000</td> <td>10,000</td> <td>25,000</td> <td>50,000</td> <td>100,000</td> <td>100,000</td> </tr> </table>										<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-	50-	100-	200-	1,000-	5,001-	10,001-	25,001-	50,001-	Over	49	99	199	999	5,000	10,000	25,000	50,000	100,000	100,000
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
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49	99	199	999	5,000	10,000	25,000	50,000	100,000	100,000																														
Estimated Assets <table border="1"> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion										
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Estimated Liabilities <table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion														
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THIS SPACE IS FOR COURT USE ONLY																																							

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Kymberly Nicol Butler-Devrouax, M.D.	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: NONE	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: NONE	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).	
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		X Not Applicable <hr/> Signature of Attorney for Debtor(s) Date	
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)			
<input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following).			
<hr/> (Name of landlord that obtained judgment)			
<hr/> (Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Kymberly Nicol Butler-Devrouax, M.D.
Signatures		
Signature(s) of Debtor(s) (Individual/Joint) <p>I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X s/ Kymberly Nicol Butler-Devrouax, M.D.</p> <p>Signature of Debtor Kymberly Nicol Butler-Devrouax, M.D.</p> <p>X Not Applicable</p> <p>Signature of Joint Debtor</p> <p>Telephone Number (If not represented by attorney) 12/28/2010</p> <p>Date</p>		Signature of a Foreign Representative <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of Title 11, United States Code. Certified Copies of the documents required by § 1515 of title 11 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the Chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X Not Applicable</p> <p>(Signature of Foreign Representative)</p> <p>(Printed Name of Foreign Representative)</p> <p>Date</p>
Signature of Attorney <p>X /s/ Margaret M. McClure</p> <p>Signature of Attorney for Debtor(s)</p> <p>Margaret M. McClure Bar No. 00787997</p> <p>Printed Name of Attorney for Debtor(s) / Bar No.</p> <p>Law Office of Margaret M. McClure</p> <p>Firm Name</p> <p>909 Fannin, Suite 3810 Houston, TX 77010</p> <p>Address</p> <hr/> <p>713-659-1333 713-658-0334</p> <p>Telephone Number</p> <p>12/28/2010</p> <p>Date</p> <p>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</p>		Signature of Non-Attorney Petition Preparer <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>Not Applicable</p> <p>Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>Address</p> <p>X Not Applicable</p> <p>Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.</p> <p>Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.</p> <p>If more than one person prepared this document, attach to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</i></p>

B 1D (Official Form 1, Exhibit D) (12/09)

UNITED STATES BANKRUPTCY COURT
Southern District of Texas
Houston Division

In re Kymberly Nicol Butler-Devrouax, M.D.
Debtor

Case No. _____
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the **180 days before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

B 1D (Official Form 1, Exh. D) (12/09) – Cont.

4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: s/ Kymberly Nicol Butler-Devrouax, M.D.
Kymberly Nicol Butler-Devrouax, M.D.

Date: 12/28/2010

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court
Southern District of Texas
Houston Division

In re Kymberly Nicol Butler-Devrouax, M.D.,
 Debtor

Case No. _____
 Chapter 7 _____

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 158,510.00		
B - Personal Property	YES	3	\$ 19,899.85		
C - Property Claimed as Exempt	YES	2			
D - Creditors Holding Secured Claims	YES	1		\$ 174,347.14	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	12		\$ 881,832.62	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	7			
I - Current Income of Individual Debtor(s)	YES	1			\$ 4,188.00
J - Current Expenditures of Individual Debtor(s)	YES	1			\$ 6,947.18
TOTAL		31	\$ 178,409.85	\$ 1,056,179.76	

B6A (Official Form 6A) (12/07)

In re: Kymberly Nicol Butler-Devrouax, M.D.Case No. _____
(If known)

Debtor

SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Homestead located at 3330 Worthington Drive, Pearland, TX 77584-7706			\$ 158,510.00	\$ 149,408.40
Total ➤			\$ 158,510.00	

(Report also on Summary of Schedules.)

B6B (Official Form 6B) (12/07)

In re **Kymberly Nicol Butler-Devrouax, M.D.**

Case No. _____

Debtor

(If known)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand		Cash on Hand		20.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking Account - Bank of America, account no. ...2390		20.00
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking Account - Bank of America, account no. ...2280		9.85
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking Account - Frost National Bank, account no. ...8225		200.00
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Savings Account - Frost National Bank		100.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Bedroom Furniture		200.00
Household goods and furnishings, including audio, video, and computer equipment.		Computer, Printer, Desk and Chair		525.00
Household goods and furnishings, including audio, video, and computer equipment.		Dining Room Furniture		125.00
Household goods and furnishings, including audio, video, and computer equipment.		Kitchen Appliances, Cookware and Dishes		190.00
Household goods and furnishings, including audio, video, and computer equipment.		Kitchen Table and Chairs		130.00
Household goods and furnishings, including audio, video, and computer equipment.		Lawn Maintenance Equipment and Household Tools		200.00
Household goods and furnishings, including audio, video, and computer equipment.		Living Room Furniture		200.00
Household goods and furnishings, including audio, video, and computer equipment.		Refrigerator		100.00

B6B (Official Form 6B) (12/07) -- Cont.

In re **Kymberly Nicol Butler-Devrouax, M.D.**

Case No. _____

Debtor

(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
4. Household goods and furnishings, including audio, video, and computer equipment.		Stove		100.00
Household goods and furnishings, including audio, video, and computer equipment.		TVs, VCRs, DVD Players and CDs		480.00
Household goods and furnishings, including audio, video, and computer equipment.		Washer and Dryer		200.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books, Pictures, Artwork and Collectibles		200.00
6. Wearing apparel.		Clothing and Shoes		500.00
7. Furs and jewelry.		Watches, Rings, Earrings, Necklaces and Bracelets		1,300.00
8. Firearms and sports, photographic, and other hobby equipment.		Camera		100.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		100% ownership of K. N. Butler, M.D., P.A. - OUT OF BUSINESS		0.00
14. Interests in partnerships or joint ventures. Itemize.		33.33% ownership of Total Health Family Medical Group, LLP - OUT OF BUSINESS		0.00
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re Kymberly Nicol Butler-Devrouax, M.D.

Case No. _____

Debtor

(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2006 Landrover LR3 SE (94,000 miles)		15,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

2 continuation sheets attached

Total ➤

\$ 19,899.85

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

B6C (Official Form 6C) (4/10)

In re Kymberly Nicol Butler-Devrouax, M.D.

Case No. _____

Debtor

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
 (Check one box)

11 U.S.C. § 522(b)(2)
 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds
 \$146,450.*

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
2006 Landrover LR3 SE (94,000 miles)	11 USC § 522(d)(2)	0.00	15,000.00
Bedroom Furniture	11 USC § 522(d)(3)	200.00	200.00
Books, Pictures, Artwork and Collectibles	11 USC § 522(d)(3)	200.00	200.00
Camera	11 USC § 522(d)(3)	100.00	100.00
Cash on Hand	11 USC § 522(d)(5)	20.00	20.00
Checking Account - Bank of America, account no. ...2280	11 USC § 522(d)(5)	9.85	9.85
Checking Account - Bank of America, account no. ...2390	11 USC § 522(d)(5)	20.00	20.00
Checking Account - Frost National Bank, account no. ...8225	11 USC § 522(d)(5)	200.00	200.00
Clothing and Shoes	11 USC § 522(d)(3)	500.00	500.00
Computer, Printer, Desk and Chair	11 USC § 522(d)(3)	525.00	525.00
Dining Room Furniture	11 USC § 522(d)(3)	125.00	125.00
Homestead located at 3330 Worthington Drive, Pearland, TX 77584-7706	11 USC § 522(d)(1)	9,101.60	158,510.00
Kitchen Appliances, Cookware and Dishes	11 USC § 522(d)(3)	190.00	190.00
Kitchen Table and Chairs	11 USC § 522(d)(3)	130.00	130.00
Lawn Maintenance Equipment and Household Tools	11 USC § 522(d)(3)	200.00	200.00
Living Room Furniture	11 USC § 522(d)(3)	200.00	200.00
Refrigerator	11 USC § 522(d)(3)	100.00	100.00
Savings Account - Frost National Bank	11 USC § 522(d)(5)	100.00	100.00
Stove	11 USC § 522(d)(3)	100.00	100.00
TVs, VCRs, DVD Players and CDs	11 USC § 522(d)(3)	480.00	480.00

B6C (Official Form 6C) (4/10) - Cont.

In re Kymberly Nicol Butler-Devrouax, M.D.

Case No. _____

Debtor

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Washer and Dryer	11 USC § 522(d)(3)	200.00	200.00
Watches, Rings, Earrings, Necklaces and Bracelets	11 USC § 522(d)(4)	1,300.00	1,300.00

* Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6D (Official Form 6D) (12/07)

In re Kymberly Nicol Butler-Devrouax, M.D.

Case No. _____

Debtor

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. ...8670		11/21/2001 Mortgage Homestead located at 3330 Worthington Drive, Pearland, TX 77584-7706 _____ VALUE \$158,510.00				149,408.40	0.00
BBVA Compass Bank 701 South 32nd Street Birmingham, AL 35233		10/01/2006 Security Agreement 2006 Landrover LR3 SE (94,000 miles) _____ VALUE \$15,000.00				24,938.74	9,938.74
ACCOUNT NO. ...1966							
Landrover Capital P.O. Box 55000 Detroit, MI 48255							

0 continuation sheets attached

Subtotal >
(Total of this page)

\$ 174,347.14 \$ 9,938.74

Total >
(Use only on last page)

\$ 174,347.14 \$ 9,938.74

(Report also on Summary of (If applicable, report
Schedules) also on Statistical
Summary of Certain
Liabilities and
Related Data.)

B6E (Official Form 6E) (4/10)

In re **Kymberly Nicol Butler-Devrouax, M.D.**

Debtor

Case No.

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

Domestic Support Obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

Deposits by individuals

Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/10) – Cont.

In re Kymberly Nicol Butler-Devrouax, M.D.
DebtorCase No. _____
(If known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO.									\$0.00

Sheet no. 1 of 1 continuation sheets attached to Schedule of
Creditors Holding Priority ClaimsSubtotals ➤
(Totals of this page)Total ➤
(Use only on last page of the completed
Schedule E. Report also on the Summary of
Schedules.)Total ➤
(Use only on last page of the completed
Schedule E. If applicable, report also on the
Statistical Summary of Certain Liabilities
and Related Data.)

\$ 0.00	\$ 0.00	\$ 0.00
\$ 0.00		
	\$ 0.00	\$ 0.00

B6F (Official Form 6F) (12/07)

In re Kymberly Nicol Butler-Devrouax, M.D.
DebtorCase No. _____
(If known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS** Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. ...3298	X					788.58
AT&T Southwest P.O. Box 650574 Dallas, TX 75265-0574		Business Debt - Potential liability for business debt of Total Health Family Medical Group, LLP				
AT&T c/o American Recovery Services, Inc. 555 St. Charles Drive, Suite 100 Thousand Oaks, CA 91360		9/1/2007				93,415.67
ACCOUNT NO. ...0901/...6-000/...1992	X	Business Debt - Potential liability for business debt of Total Health Family Medical Group, LLP for lease of business equipment - Lawsuit				
Banc of America Leasing & Capital 2059 Northlake Parkway, 3rd Floor Tucker, GA 30084-5399						
Banc of America Leasing & Capital c/o Commercial Collection Consultants 2305 Ridge Road, Suite 201 Rockwall, TX 75087						
ACCOUNT NO. ...0901/...6-000/...1992	X	12/15/2007				22,194.42
Banc of America Leasing & Capital 2059 Northlake Parkway, 3rd Floor Tucker, GA 30084-5399		Business Debt - Potential liability for business debt of Total Health Family Medical Group, LLP for lease of business equipment - Lawsuit				
Banc of America Leasing & Capital c/o Commercial Collection Consultants 2305 Ridge Road, Suite 201 Rockwall, TX 75087						

11 Continuation sheets attached

Subtotal >	\$ 116,398.67
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Kymberly Nicol Butler-Devrouax, M.D.
DebtorCase No. _____
(If known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. ...2390/...0-BFD							480.03
Bank of America P.O. Box 2518 Houston, TX 77252-2518			Overdraft				
Bank of America c/o I.C. System, Inc. P.O. Box 64887 St. Paul, MN 55164-0887							
ACCOUNT NO. ...6192							19,079.94
Bank of America P.O. Box 851001 Dallas, TX 75285-1001							
ACCOUNT NO. ...9684							4,591.02
Bank of America P.O. Box 851001 Dallas, TX 75285-1001							
ACCOUNT NO. X							1,055.03
Bank of America P.O. Box 2518 Houston, TX 77252-2518			Business Debt - Potential liability for business debt of Total Health Family Medical Group, LLP for checking account overdraft				

Sheet no. 1 of 11 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 25,206.02
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Kymberly Nicol Butler-Devrouax, M.D.
DebtorCase No. _____
(If known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR <small>HUSBAND, WIFE, JOINT OR COMMUNITY</small>	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. ...0273/...975-7	X					145,533.94
Bank of America, N.A. c/o Mr. K. Mark Vincent Vincent, Lopez, Serafino & Jenevein 2001 Bryan Street, Suite 2000 Dallas, TX 75201		Business Debt - Potential liability for business debt of Total Health Family Medical Group, LLP - Lawsuit				
Bank of America, N.A. P.O. Box 2864 Hartford, CT 06101-8715						
Bank of America, N.A. 2001 N.E. 46th Street Kansas City, MO 64116						
ACCOUNT NO. ...760X	X					59,568.04
BlueCross BlueShield of Texas P.O. Box 660044 Dallas, TX 75266-0044		Business Debt - Potential liability for business debt of Total Health Family Medical Group, LLP for overpayment by insurance company				
ACCOUNT NO. ...6720						248.23
Compass Bank P.O. Box 10566 Birmingham, AL 35296		Overdraft				
Compass Bank c/o RJM Acquisitions, LLC 575 Underhill Blvd., Suite 224 Syonett, NY 11791-9827						

Sheet no. 2 of 11 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal ➤	\$ 205,350.21
Total ➤	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Kymberly Nicol Butler-Devrouax, M.D.
DebtorCase No. _____
(If known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. ...9771							6,352.75
Discover/Discover Financial Services P.O. Box 3025 New Albany, OH 43054-3025							
ACCOUNT NO. ...688 7							2,229.42
Finger Furniture/GEMB P.O. Box 981439 El Paso, TX 79998							
Finger Furniture/GEMB c/o Asset Acceptance, LLC P.O. Box 2036 Warren, MI 48090-2036							
Finger Furniture/GEMB P.O. Box 960061 Orlando, FL 32896-0061							
ACCOUNT NO. ...3634							2,463.55
First Electronic Bank Premier/ Chase Receivables 280 W. 10200 S., #200 Sandy, UT 84070-4267							
First Electronic Bank Premier/ Chase Receivables 1247 Broadway Sonoma, CA 95476							

Sheet no. 3 of 11 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal ➤	\$ 11,045.72
Total ➤	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Kymberly Nicol Butler-Devrouax, M.D.
DebtorCase No. _____
(If known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. ...1243							504.90
GE Money Bank/ Midland Funding, LLC/ Midland Credit Management, Inc. P.O. Box 60578 Los Angeles, CA 90060-0578							
ACCOUNT NO. ...77-I5	X						157.50
GEHA P.O. Box 4665 Independence, MO 64051-4665			Business Debt - Potential liability for business debt of Total Health Family Medical Group, LLP				
GEHA c/o Receivable Management Services P.O. Box 3099 Naperville, IL 60563							
ACCOUNT NO. ...69-I5	X						86.06
GEHA P.O. Box 4665 Independence, MO 64051-4665			Business Debt - Potential liability for business debt of Total Health Family Medical Group, LLP				
GEHA c/o Receivable Management Services P.O. Box 3099 Naperville, IL 60563							
ACCOUNT NO. ...2 113	X						335,000.00
HCP, DAS Pearland, TX, LP (DASCO) 11360 Jog Road, #200 Palm Beach Garden, FL 33418			Business Debt - Potential liability for business debt of Total Health Family Medical Group, LLP for business space lease - Lawsuit				

Sheet no. 4 of 11 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 335,748.46
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Kymberly Nicol Butler-Devrouax, M.D.
DebtorCase No. _____
(If known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. ...0828							211.95
Helio Cellular Company 10 Independence Blvd. Warren, NJ 07059							
Helio Cellular Company c/o Goodwin & Bryan, LLP P.O. Box 26094 Fairview Park, OH 44126-3163							
ACCOUNT NO. ...2213							687.15
Home Depot/Citibank P.O. Box 7000 Olathe, KS 66063-0700							
Home Depot/Citibank c/o LTD Financial Services, LP 7322 Southwest Freeway, Suite 1600 Houston, TX 77074							
ACCOUNT NO. ...339-0							200.00
Macy's P.O. Box 183083 Columbus, OH 43218-3083							
Macy's c/o Northland Group, Inc. P.O. Box 390846 Minneapolis, MN 55439							

Sheet no. 5 of 11 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal ➤	\$ 1,099.10
Total ➤	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Kymberly Nicol Butler-Devrouax, M.D.
DebtorCase No. _____
(If known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. ...9870							218.50
Methodist Willowbrook P.O. Box 4315 Houston, TX 77210							
Methodist Willowbrook c/o West Asset Management 2703 N. Highway 75 Sherman, TX 75090							
ACCOUNT NO. X	X						6,000.00
MOST Billing Company 1108 Soldiers Field, #900 Sugar Land, TX 77479			Business Debt - Potential liability for business debt of Total Health Family Medical Group, LLP				
ACCOUNT NO. X	X						5,400.00
Pearland Insider c/o Ms. Erin L. Groce Attorney at Law 1414 S. Friendswood Drive, Suite 211 Friendswood, TX 77546			Business Debt - Potential liability for business debt of Total Health Family Medical Group, LLP				
Pearland Insider P.O. Box 841247 Pearland, TX 77584							
ACCOUNT NO. X	X						16,000.00
Pitney Bowes Purchase Power P.O. Box 856042 Louisville, KY 40285-6042			Business Debt - Potential liability for business debt of Total Health Family Medical Group, LLP				

Sheet no. 6 of 11 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 27,618.50
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Kymberly Nicol Butler-Devrouax, M.D.
DebtorCase No. _____
(If known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. ...4211			11/20/2008				275.00
Raven Anesthesia 1200 E. Collins Blvd., Suite 110 Richardson, TX 75081							
Raven Anesthesia c/o Intercept Management Services P.O. Box 1603 Greenville, TX 75403-1603							
ACCOUNT NO. ...0199			11/19/2008				355.00
S J Associated Pathologists, L.C. P.O. Box 421008 Houston, TX 77242-1008							
ACCOUNT NO. ...441-1			Student loan				772.19
Sallie Mae Loan P.O. Box 9500 Wilkes-Barre, PA 18773-9500							
ACCOUNT NO. ...4441			Student loan				121,895.36
SallieMae Loans P.O. Box 9500 Wilkes-Barre, PA 18773-9500							

Sheet no. 7 of 11 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal ➤	\$ 123,297.55
Total ➤	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Kymberly Nicol Butler-Devrouax, M.D.
DebtorCase No. _____
(If known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. ...4373			02/15/2007				146.98
St. Joseph Hospital P.O. Box 840261 Dallas, TX 75284-0261							
St. Joseph Hospital c/o Central Financial Control P.O. Box 66050 Anaheim, CA 92816-6050							
St. Joseph Hospital P.O. Box 951515 Dallas, TX 75395-1515							
ACCOUNT NO. ...0995			07/31/2008				41.30
St. Joseph Hospital P.O. Box 840261 Dallas, TX 75284-0261							
St. Joseph Hospital c/o Central Financial Control P.O. Box 66044 Anaheim, CA 92816-6044							
St. Joseph Hospital P.O. Box 951515 Dallas, TX 75395-1515							

Sheet no. 8 of 11 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$	188.28
Total >	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Kymberly Nicol Butler-Devrouax, M.D.
DebtorCase No. _____
(If known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. ...0977			11/20/2008				766.00
St. Joseph Hospital P.O. Box 840261 Dallas, TX 75284-0261							
St. Joseph Hospital c/o Central Financial Control P.O. Box 66044 Anaheim, CA 92816-6044							
St. Joseph Hospital P.O. Box 951515 Dallas, TX 75395-1515							
ACCOUNT NO. ...0199							1,635.81
St. Joseph Medical Center P.O. Box 957575 Dallas, TX 75395-1575							
ACCOUNT NO. ...7544	X						16,000.00
Stericycle, Inc. P.O. Box 9001588 Louisville, KY 40290-1588			Business Debt - Potential liability for business debt of Total Health Family Medical Group, LLP				
Stericycle, Inc. c/o ARM P.O. Box 2929 Camarillo, CA 93011-2929							

Sheet no. 9 of 11 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 18,401.81
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Kymberly Nicol Butler-Devrouax, M.D.
DebtorCase No. _____
(If known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. ...7236							183.18
Terminex International, Inc. 860 Ridge Lake Blvd. Memphis, TN 38120							
Terminex International, Inc. c/o Nationwide Credit, Inc. P.O. Box 740603 Atlanta, GA 30374-0603							
ACCOUNT NO. ...6062	X		Business Debt - Potential liability for business debt of Total Health Family Medical Group, LLP				780.00
US-Yellow Yellow Pages P.O. Box 41308 Jacksonville, FL 32203-1308							
ACCOUNT NO. ...5125							311.39
Wells Fargo Financial Bank P.O. Box 5943 Sioux Falls, SD 57117-5943							

Sheet no. 10 of 11 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal ➤ \$	1,274.57
Total ➤ \$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Kymberly Nicol Butler-Devrouax, M.D.
DebtorCase No. _____
(If known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. ...7166	X					16,203.73
Xerox Corporation P.O. Box 660501 Dallas, TX 75266-0501						
Xerox Corporation P.O. Box 650361 Dallas, TX 75265-0361						
Xerox Corporation 88188 Expedite Way Chicago, IL 60695-0001		Business Debt - Potential liability for business debt of Total Health Family Medical Group, LLP for equipment lease				

Sheet no. 11 of 11 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal ➤	\$ 16,203.73
Total ➤	\$ 881,832.62

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6G (Official Form 6G) (12/07)

In re: Kymberly Nicol Butler-Devrouax, M.D.,
Debtor Case No. _____
(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H) (12/07)

In re: Kymberly Nicol Butler-Devrouax, M.D.

Case No. _____

Debtor

(If known)

SCHEDULE H - CODEBTORS Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
K. N. Butler, M.D., P.A. 3330 Worthington Drive Pearland, TX 77584-7706	AT&T Southwest P.O. Box 650574 Dallas, TX 75265-0574
L. E. Guidry, M.D., P.A. 3207 Summerwind Court Pearland, TX 77584-2770	
Leah Elizabeth Guidry-White, M.D. 3207 Summerwind Court Pearland, TX 77584-2770	
S. R. Johnson, MD, P.A. 3331 Worthington Drive Pearland, TX 77584	
Shawn Renee' Johnson, M.D. 3331 Worthington Drive Pearland, TX 77584	
Total Health Family Medical Group, LLP 10905 Memorial Hermann Dr., Suite 113 Pearland, TX 77584-3490	
K. N. Butler, M.D., P.A. 3330 Worthington Drive Pearland, TX 77584-7706	Banc of America Leasing & Capital 2059 Northlake Parkway, 3rd Floor Tucker, GA 30084-5399
K. N. Butler, M.D., P.A. 3330 Worthington Drive Pearland, TX 77584-7706	
L. E. Guidry, M.D., P.A. 3207 Summerwind Court Pearland, TX 77584-2770	
L. E. Guidry, M.D., P.A. 3207 Summerwind Court Pearland, TX 77584-2770	
Leah Elizabeth Guidry-White, M.D. 3207 Summerwind Court Pearland, TX 77584-2770	
Leah Elizabeth Guidry-White, M.D. 3207 Summerwind Court Pearland, TX 77584-2770	
S. R. Johnson, MD, P.A. 3331 Worthington Drive Pearland, TX 77584	
S. R. Johnson, MD, P.A. 3331 Worthington Drive Pearland, TX 77584	

B6H (Official Form 6H) (12/07) -Cont.

In re: Kymberly Nicol Butler-Devrouax, M.D.

Debtor

Case No.

(If known)

SCHEDULE H - CODEBTORS Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<p>Shawn Renee' Johnson, M.D. 3331 Worthington Drive Pearland, TX 77584</p>	<p>Banc of America Leasing & Capital 2059 Northlake Parkway, 3rd Floor Tucker, GA 30084-5399</p>
<p>Shawn Renee' Johnson, M.D. 3331 Worthington Drive Pearland, TX 77584</p>	
<p>Total Health Family Medical Group, LLP 10905 Memorial Hermann Dr., Suite 113 Pearland, TX 77584-3490</p>	
<p>Total Health Family Medical Group, LLP 10905 Memorial Hermann Dr., Suite 113 Pearland, TX 77584-3490</p>	
<p>K. N. Butler, M.D., P.A. 3330 Worthington Drive Pearland, TX 77584-7706</p>	<p>Bank of America P.O. Box 2518 Houston, TX 77252-2518</p>
<p>L. E. Guidry, M.D., P.A. 3207 Summerwind Court Pearland, TX 77584-2770</p>	
<p>Leah Elizabeth Guidry-White, M.D. 3207 Summerwind Court Pearland, TX 77584-2770</p>	
<p>S. R. Johnson, MD, P.A. 3331 Worthington Drive Pearland, TX 77584</p>	
<p>Shawn Renee' Johnson, M.D. 3331 Worthington Drive Pearland, TX 77584</p>	
<p>Total Health Family Medical Group, LLP 10905 Memorial Hermann Dr., Suite 113 Pearland, TX 77584-3490</p>	
<p>K. N. Butler, M.D., P.A. 3330 Worthington Drive Pearland, TX 77584-7706</p>	<p>Bank of America, N.A. c/o Mr. K. Mark Vincent Vincent, Lopez, Serafino & Jenevein 2001 Bryan Street, Suite 2000 Dallas, TX 75201</p>
<p>L. E. Guidry, M.D., P.A. 3207 Summerwind Court Pearland, TX 77584-2770</p>	
<p>Leah Elizabeth Guidry-White, M.D. 3207 Summerwind Court Pearland, TX 77584-2770</p>	

B6H (Official Form 6H) (12/07) -Cont.

In re: Kymberly Nicol Butler-Devrouax, M.D.

Case No. _____

Debtor

(If known)

SCHEDULE H - CODEBTORS Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<p>S. R. Johnson, MD, P.A. 3331 Worthington Drive Pearland, TX 77584</p> <p>Shawn Renee' Johnson, M.D. 3331 Worthington Drive Pearland, TX 77584</p> <p>Total Health Family Medical Group, LLP 10905 Memorial Hermann Dr., Suite 113 Pearland, TX 77584-3490</p>	<p>Bank of America, N.A. c/o Mr. K. Mark Vincent Vincent, Lopez, Serafino & Jenevein 2001 Bryan Street, Suite 2000 Dallas, TX 75201</p>
<p>K. N. Butler, M.D., P.A. 3330 Worthington Drive Pearland, TX 77584-7706</p> <p>L. E. Guidry, M.D., P.A. 3207 Summerwind Court Pearland, TX 77584-2770</p> <p>Leah Elizabeth Guidry-White, M.D. 3207 Summerwind Court Pearland, TX 77584-2770</p> <p>S. R. Johnson, MD, P.A. 3331 Worthington Drive Pearland, TX 77584</p> <p>Shawn Renee' Johnson, M.D. 3331 Worthington Drive Pearland, TX 77584</p> <p>Total Health Family Medical Group, LLP 10905 Memorial Hermann Dr., Suite 113 Pearland, TX 77584-3490</p>	<p>BlueCross BlueShield of Texas P.O. Box 660044 Dallas, TX 75266-0044</p>
<p>K. N. Butler, M.D., P.A. 3330 Worthington Drive Pearland, TX 77584-7706</p> <p>K. N. Butler, M.D., P.A. 3330 Worthington Drive Pearland, TX 77584-7706</p> <p>L. E. Guidry, M.D., P.A. 3207 Summerwind Court Pearland, TX 77584-2770</p> <p>L. E. Guidry, M.D., P.A. 3207 Summerwind Court Pearland, TX 77584-2770</p>	<p>GEHA P.O. Box 4665 Independence, MO 64051-4665</p>

B6H (Official Form 6H) (12/07) -Cont.

In re: Kymberly Nicol Butler-Devrouax, M.D.

Debtor

Case No.

(If known)

SCHEDULE H - CODEBTORS Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Leah Elizabeth Guidry-White, M.D. 3207 Summerwind Court Pearland, TX 77584-2770	GEHA P.O. Box 4665 Independence, MO 64051-4665
Leah Elizabeth Guidry-White, M.D. 3207 Summerwind Court Pearland, TX 77584-2770	
S. R. Johnson, MD, P.A. 3331 Worthington Drive Pearland, TX 77584	
S. R. Johnson, MD, P.A. 3331 Worthington Drive Pearland, TX 77584	
Shawn Renee' Johnson, M.D. 3331 Worthington Drive Pearland, TX 77584	
Shawn Renee' Johnson, M.D. 3331 Worthington Drive Pearland, TX 77584	
Total Health Family Medical Group, LLP 10905 Memorial Hermann Dr., Suite 113 Pearland, TX 77584-3490	
Total Health Family Medical Group, LLP 10905 Memorial Hermann Dr., Suite 113 Pearland, TX 77584-3490	
K. N. Butler, M.D., P.A. 3330 Worthington Drive Pearland, TX 77584-7706	HCP, DAS Pearland, TX, LP (DASCO) 11360 Jog Road, #200 Palm Beach Garden, FL 33418
L. E. Guidry, M.D., P.A. 3207 Summerwind Court Pearland, TX 77584-2770	
Leah Elizabeth Guidry-White, M.D. 3207 Summerwind Court Pearland, TX 77584-2770	
S. R. Johnson, MD, P.A. 3331 Worthington Drive Pearland, TX 77584	
Shawn Renee' Johnson, M.D. 3331 Worthington Drive Pearland, TX 77584	
Total Health Family Medical Group, LLP 10905 Memorial Hermann Dr., Suite 113 Pearland, TX 77584-3490	

B6H (Official Form 6H) (12/07) -Cont.

In re: Kymberly Nicol Butler-Devrouax, M.D.

Debtor

Case No.

(If known)

SCHEDULE H - CODEBTORS Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
K. N. Butler, M.D., P.A. 3330 Worthington Drive Pearland, TX 77584-7706	MOST Billing Company 1108 Soldiers Field, #900 Sugar Land, TX 77479
L. E. Guidry, M.D., P.A. 3207 Summerwind Court Pearland, TX 77584-2770	
Leah Elizabeth Guidry-White, M.D. 3207 Summerwind Court Pearland, TX 77584-2770	
S. R. Johnson, MD, P.A. 3331 Worthington Drive Pearland, TX 77584	
Shawn Renee' Johnson, M.D. 3331 Worthington Drive Pearland, TX 77584	
Total Health Family Medical Group, LLP 10905 Memorial Hermann Dr., Suite 113 Pearland, TX 77584-3490	
K. N. Butler, M.D., P.A. 3330 Worthington Drive Pearland, TX 77584-7706	Pearland Insider c/o Ms. Erin L. Groce Attorney at Law 1414 S. Friendswood Drive, Suite 211 Friendswood, TX 77546
L. E. Guidry, M.D., P.A. 3207 Summerwind Court Pearland, TX 77584-2770	
Leah Elizabeth Guidry-White, M.D. 3207 Summerwind Court Pearland, TX 77584-2770	
S. R. Johnson, MD, P.A. 3331 Worthington Drive Pearland, TX 77584	
Shawn Renee' Johnson, M.D. 3331 Worthington Drive Pearland, TX 77584	
Total Health Family Medical Group, LLP 10905 Memorial Hermann Dr., Suite 113 Pearland, TX 77584-3490	
K. N. Butler, M.D., P.A. 3330 Worthington Drive Pearland, TX 77584-7706	Pitney Bowes Purchase Power P.O. Box 856042 Louisville, KY 40285-6042

B6H (Official Form 6H) (12/07) -Cont.

In re: Kymberly Nicol Butler-Devrouax, M.D.

Debtor

Case No.

(If known)

SCHEDULE H - CODEBTORS Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<p>L. E. Guidry, M.D., P.A. 3207 Summerwind Court Pearland, TX 77584-2770</p> <p>Leah Elizabeth Guidry-White, M.D. 3207 Summerwind Court Pearland, TX 77584-2770</p> <p>S. R. Johnson, MD, P.A. 3331 Worthington Drive Pearland, TX 77584</p> <p>Shawn Renee' Johnson, M.D. 3331 Worthington Drive Pearland, TX 77584</p> <p>Total Health Family Medical Group, LLP 10905 Memorial Hermann Dr., Suite 113 Pearland, TX 77584-3490</p>	<p>Pitney Bowes Purchase Power P.O. Box 856042 Louisville, KY 40285-6042</p>
<p>K. N. Butler, M.D., P.A. 3330 Worthington Drive Pearland, TX 77584-7706</p> <p>L. E. Guidry, M.D., P.A. 3207 Summerwind Court Pearland, TX 77584-2770</p> <p>Leah Elizabeth Guidry-White, M.D. 3207 Summerwind Court Pearland, TX 77584-2770</p> <p>S. R. Johnson, MD, P.A. 3331 Worthington Drive Pearland, TX 77584</p> <p>Shawn Renee' Johnson, M.D. 3331 Worthington Drive Pearland, TX 77584</p> <p>Total Health Family Medical Group, LLP 10905 Memorial Hermann Dr., Suite 113 Pearland, TX 77584-3490</p>	<p>Stericycle, Inc. P.O. Box 9001588 Louisville, KY 40290-1588</p>
<p>K. N. Butler, M.D., P.A. 3330 Worthington Drive Pearland, TX 77584-7706</p> <p>L. E. Guidry, M.D., P.A. 3207 Summerwind Court Pearland, TX 77584-2770</p> <p>Leah Elizabeth Guidry-White, M.D. 3207 Summerwind Court Pearland, TX 77584-2770</p>	<p>US-Yellow Yellow Pages P.O. Box 41308 Jacksonville, FL 32203-1308</p>

B6H (Official Form 6H) (12/07) -Cont.

In re: Kymberly Nicol Butler-Devrouax, M.D.

Debtor

Case No.

(If known)

SCHEDULE H - CODEBTORS Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<p>S. R. Johnson, MD, P.A. 3331 Worthington Drive Pearland, TX 77584</p> <p>Shawn Renee' Johnson, M.D. 3331 Worthington Drive Pearland, TX 77584</p> <p>Total Health Family Medical Group, LLP 10905 Memorial Hermann Dr., Suite 113 Pearland, TX 77584-3490</p>	<p>US-Yellow Yellow Pages P.O. Box 41308 Jacksonville, FL 32203-1308</p>
<p>K. N. Butler, M.D., P.A. 3330 Worthington Drive Pearland, TX 77584-7706</p> <p>L. E. Guidry, M.D., P.A. 3207 Summerwind Court Pearland, TX 77584-2770</p> <p>Leah Elizabeth Guidry-White, M.D. 3207 Summerwind Court Pearland, TX 77584-2770</p> <p>S. R. Johnson, MD, P.A. 3331 Worthington Drive Pearland, TX 77584</p> <p>Shawn Renee' Johnson, M.D. 3331 Worthington Drive Pearland, TX 77584</p> <p>Total Health Family Medical Group, LLP 10905 Memorial Hermann Dr., Suite 113 Pearland, TX 77584-3490</p>	<p>Xerox Corporation P.O. Box 660501 Dallas, TX 75266-0501</p>

In re Kymberly Nicol Butler-Devrouax, M.D.

Case No. _____

Debtor

(If known) _____

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): Son	AGE(S): 2
Employment:	DEBTOR	SPOUSE
Occupation	Contract Physician	Unemployed
Name of Employer	Mint Physician Staffing	
How long employed	4 years	
Address of Employer	10375 Richmond, #1575 Houston, TX 77042	

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly.)	\$ 4,188.00	0.00
2. Estimate monthly overtime	\$ 0.00	0.00
3. SUBTOTAL	\$ 4,188.00	0.00
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ 0.00	0.00
b. Insurance	\$ 0.00	0.00
c. Union dues	\$ 0.00	0.00
d. Other (Specify) _____	\$ 0.00	0.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 0.00	0.00
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 4,188.00	0.00
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ 0.00	0.00
8. Income from real property	\$ 0.00	0.00
9. Interest and dividends	\$ 0.00	0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ 0.00	0.00
11. Social security or other government assistance (Specify) _____	\$ 0.00	0.00
12. Pension or retirement income	\$ 0.00	0.00
13. Other monthly income (Specify) _____	\$ 0.00	0.00
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ 0.00	0.00
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ 4,188.00	0.00
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	\$ 4,188.00	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document.: _____

NONE

B6J (Official Form 6J) (12/07)

In re Kymberly Nicol Butler-Devrouax, M.D.,
DebtorCase No. _____
(If known)**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	1,285.00
a. Are real estate taxes included? Yes <input checked="" type="checkbox"/> No _____		
b. Is property insurance included? Yes <input checked="" type="checkbox"/> No _____		
2. Utilities: a. Electricity and heating fuel	\$	200.00
b. Water and sewer	\$	40.00
c. Telephone	\$	55.00
d. Other _____	\$	0.00
3. Home maintenance (repairs and upkeep)	\$	150.00
4. Food	\$	300.00
5. Clothing	\$	100.00
6. Laundry and dry cleaning	\$	150.00
7. Medical and dental expenses	\$	40.00
8. Transportation (not including car payments)	\$	200.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	200.00
10. Charitable contributions	\$	600.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	0.00
b. Life	\$	125.00
c. Health	\$	155.00
d. Auto	\$	163.00
e. Other Wind, Hail & Storm Insurance	\$	125.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) _____	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto _____	\$	984.18
b. Other _____	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other Babysitter Child care expenses Cleaning service Grooming/personal care items Professional dues Student loan repayment	\$	120.00 875.00 200.00 190.00 55.00 635.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	6,947.18
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I	\$	4,188.00
b. Average monthly expenses from Line 18 above	\$	6,947.18
c. Monthly net income (a. minus b.)	\$	-2,759.18

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re Kymberly Nicol Butler-Devrouax, M.D.
Debtor

Case No. _____
(If known) _____

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief. _____

Date: 12/28/2010

Signature: s/ Kymberly Nicol Butler-Devrouax, M.D.

Kymberly Nicol Butler-Devrouax, M.D.

Debtor

[If joint case, both spouses must sign]

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

(NOT APPLICABLE)

UNITED STATES BANKRUPTCY COURT
Southern District of Texas
Houston Division

In re: Kymberly Nicol Butler-Devrouax, M.D.,
 Debtor

Case No. _____
 (If known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
98,372.00	Business Operations	2008
50,000.00	Business Operations	2009
40,000.00	Business Operation and Contract Employment (Debtor: \$40,000.00)	2010

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
--------	--------	--------------------

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
BBVA Compass Bank 701 South 32nd Street Birmingham, AL 35233	Regular monthly mortgage payments on homestead of \$1,285.00 per month	3,855.00	149,408.40
Landrover Capital P.O. Box 55000 Detroit, MI 48255	Regular monthly payments on 2006 Landrover LR3 SE of \$984.18 per month	2,952.54	24,938.74

None b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	---------------------------------	---	--------------------------

*Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
--	--------------------	----------------	-----------------------

4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATIO	STATUS OR DISPOSITION
HCP DAS Pearland TX, LP vs. Total Health Family Medical Group, LLC, et al 58416	Collection lawsuit	412th Judicial District Court Brazoria County, Texas	Active
Banc of America Leasing & Capital vs. Total Health Family Medical Group, LLP; et al	Collection lawsuit	Judicial District Court Brazoria County, Texas	Active
Banc of America Leasing & Capital vs. Total Health Family Medical Group, LLP; et al	Collection lawsuit	Judicial District Court Brazoria County, Texas	Active
Bank of America, N.A. vs. Total Health Family Medical Group, LLP; K.N. Butler, M.D., P.A.; Kymberly Butler, L.E. Guidry, M.D., P.A.; Leah Guidry; S.R. Johnson, M.D., P.A.; and Shawn Johnson 2010-45679	Collection lawsuit	281st Judicial District Court Harris County, TX	Active

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

None a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND ADDRESS OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
Car accident in May, 2010	Insurance paid \$3,000.00 for repairing car	

9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Margaret M. McClure Attorney at Law 909 Fannin, Suite 3810 Houston, TX 77010	April, August and September, 2010	\$3,000.00

10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR INTEREST IN PROPERTY

11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION Compass Bank Houston, TX	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE Checking account no. ...6720	AMOUNT AND DATE OF SALE OR CLOSING Closed in September, 2009 with negative balance
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12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITOR	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

Coye Dominique Devrouax

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
K. N. Butler, M.D., P.A.	20-5500059	3330 Worthington Drive Pearland, TX 77584-7706	Medical practice	06/30/2006
Total Health Family Medical Group, LLP	02-817888	10905 Memorial Hermann Dr., Suite 113 Pearland, TX 77584-3490	Medical practice ended in July, 2010	06/01/2006

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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19. Books, records and financial statements

None a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
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None b. List all firms or individuals who within **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
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None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
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20. Inventories

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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21. Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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22. Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23. Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
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* * * * *

[if completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 12/28/2010

Signature
of Debtor s/ Kymberly Nicol Butler-Devrouax, M.D.
Kymberly Nicol Butler-Devrouax, M.D.

B 8 (Official Form 8) (12/08)

**UNITED STATES BANKRUPTCY COURT
Southern District of Texas
Houston Division**

In re Kymberly Nicol Butler-Devrouax, M.D.
DebtorCase No. _____
Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A – Debts secured by property of the estate. (*Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.*)

Property No. 1		
Creditor's Name: BBVA Compass Bank	Describe Property Securing Debt: Homestead located at 3330 Worthington Drive, Pearland, TX 77584-7706	
Property will be (<i>check one</i>): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained		
If retaining the property, I intend to (<i>check at least one</i>): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f))		
Property is (<i>check one</i>): <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt		

Property No. 2		
Creditor's Name: Landrover Capital	Describe Property Securing Debt: 2006 Landrover LR3 SE (94,000 miles)	
Property will be (<i>check one</i>): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained		
If retaining the property, I intend to (<i>check at least one</i>): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f))		
Property is (<i>check one</i>): <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt		

PART B – Personal property subject to unexpired leases. (*All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.*)

Property No. 1		
Lessor's Name: None	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

0 continuation sheets attached (*if any*)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: 12/28/2010

s/ Kymberly Nicol Butler-Devrouax, M.D.

Kymberly Nicol Butler-Devrouax, M.D.

Signature of Debtor

**UNITED STATES BANKRUPTCY COURT
Southern District of Texas
Houston Division**

In re:	Kymberly Nicol Butler-Devrouax,		Case No.	
	M.D.		Chapter	7
	Debtor			

**DISCLOSURE OF COMPENSATION OF ATTORNEY
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	3,000.00
Prior to the filing of this statement I have received	\$	3,000.00
Balance Due	\$	0.00

2. The source of compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b) Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d) [Other provisions as needed]

None

6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

Representing Debtor(s) in any adversary proceeding, contested bankruptcy matter or post-discharge bankruptcy matter.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 12/28/2010

/s/ Margaret M. McClure

Margaret M. McClure, Bar No. 00787997

Law Office of Margaret M. McClure
Attorney for Debtor(s)

B 201A (Form 201A) (12/09)

WARNING: Effective December 1, 2009, the 15-day deadline to file schedules and certain other documents under Bankruptcy Rule 1007(c) is shortened to 14 days. For further information, see note at bottom of page 2.

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Many filing deadlines change on December 1, 2009. Of special note, 12 rules that set 15 days to act are amended to require action within 14 days, including Rule 1007(c), filing the initial case papers; Rule 3015(b), filing a chapter 13 plan; Rule 8009(a), filing appellate briefs; and Rules 1019, 1020, 2015, 2015.1, 2016, 4001, 4002, 6004, and 6007.

B 201B (Form 201B) (12/09)

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

In re Kymberly Nicol Butler-Devrouax, M.D.
Debtor

Case No. _____

Chapter 7

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certificate of the Debtor

I, the debtor, affirm that I have received and read this notice, as required by § 342(b) of the Bankruptcy Code.

Kymberly Nicol Butler-Devrouax, M.D.

Xs/ Kymberly Nicol Butler-Devrouax, M.D. 12/28/2010

Printed Name of Debtor

Kymberly Nicol Butler-Devrouax, M.D.

Date

Case No. (if known) _____

Signature of Debtor

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Kymberly Nicol Butler-Devrouax, M.D.
3330 Worthington Drive
Pearland, TX 77584-7706

AT&T
c/o American Recovery Services, Inc.
555 St. Charles Drive, Suite 100
Thousand Oaks, CA 91360

AT&T Southwest
P.O. Box 650574
Dallas, TX 75265-0574

Banc of America Leasing & Capital
c/o Commercial Collection Consultants
2305 Ridge Road, Suite 201
Rockwall, TX 75087

Banc of America Leasing & Capital
2059 Northlake Parkway, 3rd Floor
Tucker, GA 30084-5399

Bank of America
c/o I.C. System, Inc.
P.O. Box 64887
St. Paul, MN 55164-0887

Bank of America
P.O. Box 2518
Houston, TX 77252-2518

Bank of America
P.O. Box 851001
Dallas, TX 75285-1001

Bank of America, N.A.
2001 N.E. 46th Street
Kansas City, MO 64116

Bank of America, N.A.
P.O. Box 2864
Hartford, CT 06101-8715

Bank of America, N.A.
c/o Mr. K. Mark Vincent
Vincent, Lopez, Serafino & Jenevein
2001 Bryan Street, Suite 2000
Dallas, TX 75201

BBVA Compass Bank
701 South 32nd Street
Birmingham, AL 35233

BlueCross BlueShield of Texas
P.O. Box 660044
Dallas, TX 75266-0044

Compass Bank
P.O. Box 10566
Birmingham, AL 35296

Discover/Discover Financial Services
P.O. Box 3025
New Albany, OH 43054-3025

Finger Furniture/GEMB
c/o Asset Acceptance, LLC
P.O. Box 2036
Warren, MI 48090-2036

Finger Furniture/GEMB
P.O. Box 960061
Orlando, FL 32896-0061

Finger Furniture/GEMB
P.O. Box 981439
El Paso, TX 79998

First Electronic Bank Premier/
Chase Receivables
1247 Broadway
Sonoma, CA 95476

First Electronic Bank Premier/
Chase Receivables
280 W. 10200 S., #200
Sandy, UT 84070-4267

GE Money Bank/
Midland Funding, LLC/
Midland Credit Management, Inc.
P.O. Box 60578
Los Angeles, CA 90060-0578

GEHA
P.O. Box 4665
Independence, MO 64051-4665

GEHA
c/o Receivable Management Services
P.O. Box 3099
Naperville, IL 60563

HCP, DAS Pearland, TX, LP (DASCO)
11360 Jog Road, #200
Palm Beach Garden, FL 33418

Helio Cellular Company
c/o Goodwin & Bryan, LLP
P.O. Box 26094
Fairview Park, OH 44126-3163

Helio Cellular Company
10 Independence Blvd.
Warren, NJ 07059

Home Depot/Citibank
P.O. Box 7000
Olathe, KS 66063-0700

Home Depot/Citibank
c/o LTD Financial Services, LP
7322 Southwest Freeway, Suite 1600
Houston, TX 77074

Landrover Capital
P.O. Box 55000
Detroit, MI 48255

Compass Bank
c/o RJM Acquisitions, LLC
575 Underhill Blvd., Suite 224
Syonett, NY 11791-9827

Macy's
P.O. Box 183083
Columbus, OH 43218-3083

Macy's
c/o Northland Group, Inc.
P.O. Box 390846
Minneapolis, MN 55439

Methodist Willowbrook
c/o West Asset Management
2703 N. Highway 75
Sherman, TX 75090

Methodist Willowbrook
P.O. Box 4315
Houston, TX 77210

MOST Billing Company
1108 Soldiers Field, #900
Sugar Land, TX 77479

Pearland Insider
P.O. Box 841247
Pearland, TX 77584

Pearland Insider
c/o Ms. Erin L. Groce
Attorney at Law
1414 S. Friendswood Drive, Suite 211
Friendswood, TX 77546

Pitney Bowes Purchase Power
P.O. Box 856042
Louisville, KY 40285-6042

Raven Anesthesia
c/o Intercept Management Services
P.O. Box 1603
Greenville, TX 75403-1603

Raven Anesthesia
1200 E. Collins Blvd., Suite 110
Richardson, TX 75081

S J Associated Pathologists, L.C.
P.O. Box 421008
Houston, TX 77242-1008

Sallie Mae Loan
P.O. Box 9500
Wilkes-Barre, PA 18773-9500

SallieMae Loans
P.O. Box 9500
Wilkes-Barre, PA 18773-9500

St. Joseph Hospital
c/o Central Financial Control
P.O. Box 66044
Anaheim, CA 92816-6044

St. Joseph Hospital
P.O. Box 840261
Dallas, TX 75284-0261

St. Joseph Hospital
c/o Central Financial Control
P.O. Box 66050
Anaheim, CA 92816-6050

St. Joseph Hospital
c/o Central Financial Control
P.O. Box 66044
Anaheim, CA 92816-6044

St. Joseph Hospital
P.O. Box 951515
Dallas, TX 75395-1515

St. Joseph Medical Center
P.O. Box 957575
Dallas, TX 75395-1575

Stericycle, Inc.
c/o ARM
P.O. Box 2929
Camarillo, CA 93011-2929

Stericycle, Inc.
P.O. Box 9001588
Louisville, KY 40290-1588

Terminex International, Inc.
860 Ridge Lake Blvd.
Memphis, TN 38120

Terminex International, Inc.
c/o Nationwide Credit, Inc.
P.O. Box 740603
Atlanta, GA 30374-0603

US-Yellow Yellow Pages
P.O. Box 41308
Jacksonville, FL 32203-1308

Wells Fargo Financial Bank
P.O. Box 5943
Sioux Falls, SD 57117-5943

Xerox Corporation
P.O. Box 660501
Dallas, TX 75266-0501

Xerox Corporation
P.O. Box 650361
Dallas, TX 75265-0361

Xerox Corporation
88188 Expedite Way
Chicago, IL 60695-0001

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

In re: Kymberly Nicol Butler-Devrouax, M.D.
Debtor

Case No. _____
Chapter 7 _____

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors, consisting of **7** sheet(s) is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: 12/28/2010

Signed: s/ Kymberly Nicol Butler-Devrouax, M.D.
Kymberly Nicol Butler-Devrouax, M.D.

Signed: /s/ Margaret M. McClure
Margaret M. McClure
Attorney for Debtor(s)
Bar no.: **00787997**
Law Office of Margaret M. McClure
909 Fannin, Suite 3810
Houston, TX 77010
Telephone No.: **713-659-1333**
Fax No.: **713-658-0334**
E-mail address: **McClureMar@Aol.Com**